

02-1607

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26371 7590 11/17/2006

**FOLEY & LARDNER LLP**  
**777 EAST WISCONSIN AVENUE**  
**MILWAUKEE, WI 53202-5306**  
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01 FC:2501 700.00 OP  
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<i>Carolyn Simpson</i>	(Depositor's name)
<i>Carolyn Simpson</i>	(Signature)
February 15, 2007	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,185	12/01/2003	Robert A. Bettigole	084158-0135	9846

**TITLE OF INVENTION: PRESTRESSED OR POST-TENSION COMPOSITE STRUCTURAL SYSTEM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	02/20/2007
EXAMINER		ART UNIT			CLASS-SUBCLASS	
LAUX, JESSICA L		3635			052-414000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <b>Foley &amp; Lardner LLP</b>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**D.S. Brown Co.**

**North Baltimore, Ohio**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

*Matthew J. Swietlik*

Date 2/15/2007

Typed or printed name \_\_\_\_\_

**Matthew J. Swietlik**

Registration No. 58,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Atty. Dkt. No. 041462-0101

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert A. Bettigole et al.  
Title: PRESTRESSED OR POST-TENSION COMPOSITE STRUCTURAL SYSTEM  
Appl. No.: 10/725,185  
Filing Date: 12/01/2003  
Examiner: Jessica L. Laux  
Art Unit: 3635  
Conf. No.: 9846

<b>CERTIFICATE OF EXPRESS MAILING</b>	
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(Signature)	

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Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B).

A credit card payment form in the amount of \$1,000.00 for payment of the Issue Fee and the Publication Fee is also enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

Date 2/15/2007

By 

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